

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28038

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
(Specify whether years, months or days)
In this community 1 hour 0

3. (a) PRINT FULL NAME Harvey L. Leasure

3. (b) If veteran, name war World 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased June 23, 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 15 If less than one day - hr. - min.

9. Birthplace Jewell County, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business "

MOTHER FATHER { 12. Name William Leasure
13. Birthplace ? Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Martha Van Dyke
15. Birthplace ? Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Admin
(b) Address istration, Excelsior Springs, Mo.
17. (a) Osceola, Mo. (b) Date thereof 8-7-41
(City or town) (Month) (Day) (Year)
(c) Place: burial or cremation Osceola, Mo.

18. (a) Signature of funeral director Claude Richard, Excelsior Springs, Mo.
(b) Address -

19. (a) Aug 7-1941 (b) Mrs. R. M. Brackley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Osceola
(If outside city or town limits, write "RURAL")
(d) Street No. -- (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1941 hour 8:20 minute A. M.

21. I hereby certify that I attended the deceased from August 7th 19 41 to August 7th 19 41
that I last saw him alive on August 7th 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, left main bronchus
with extension into left upper
lobe & pericardium with
metastasis to liver

Due to -
Due to -
Other conditions -
(Include pregnancy within 3 months of death)

Major findings: As shown above

Of operations -
Of autopsy -
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) --
(b) Date of occurrence --
(c) Where did injury occur? -- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? --

While at work? - (Specify type of place) (a) Means of injury -
23. Signature E. A. Welch (M. D. or other) 8-7-41
Address Veterans Administration Date signed -

(Licensed Embalmer's Statement on Reverse Side) Excelsior Springs, Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-3-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Robert Ray

Licensed Embalmer No. 4182

P. O. Address *Excelsior Spgs., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.